



# Commonwealth SuperSelect Additional Contribution Form



This form may be lodged with any Commonwealth Financial Planner or posted to:

**Commonwealth Financial Services**  
GPO Box 3306  
Sydney NSW 2001

**Please note: Contributions will be made effective the date your completed documentation is received at our principal office of administration.**

If you would like further information about this form, simply call our Customer Contact Centre on **13 2015** between 8:30am and 6pm (Sydney time), Monday to Friday.

## Section 1 - Personal (to be completed in all cases together with Section 5)

SuperSelect Account number

Title  Mr  Mrs  Miss  Ms  Other

Given name(s)  Surname

Postal address

State  Postcode

Daytime telephone  Evening telephone  Mobile number

Email address

## Section 2 - Eligibility to contribute

**Please state the basis upon which you are making the contribution, or having the contributions made on your behalf.**

- I am under age 65
- I am aged 65-74; and
  - I've been gainfully employed for at least 40 hours in a consecutive period not exceeding 30 days in the financial year in which the contributions are being made (spouse contributions can only be made until age 70); or
  - I'm having mandated employer contributions (Superannuation Guarantee contributions only until age 70) being made on my behalf.
- I am aged over 75 and I'm having mandated employer contributions from an Award or industrial agreement being made on my behalf.

## Section 3 - Additional contribution type (minimum \$100)<sup>1</sup>

Personal contribution	\$ <input type="text"/>	MSEN
Spouse contribution	\$ <input type="text"/>	MSMN
Employer contribution	\$ <input type="text"/>	MSGN
Transfer/Rollover <sup>2</sup>	\$ <input type="text"/>	MSTP
<b>Total</b>	\$ <input type="text"/>	

1. Please refer to the Annual Report for details of the charges that apply to your investment.
2. Please attach Rollover Benefit Statement

#### Section 4 - Investment options

Please allocate my additional contribution as follows:

Current investment option(s)

or

		Investment Option		Investments \$ or %
Strategy	Aggressive	Commonwealth Australian Shares	FS	
		Commonwealth Shares	FP	
		Perpetual Split Growth	AF	
	Growth	Commonwealth Growth	FG	
		Colonial First State Diversified	AV	
		Perpetual Balanced Growth	AR	
		First Choice Multi-Index Balanced (formerly Credit Suisse Capital Growth)	AA	
	Moderate	Commonwealth Managed	FM	
		Colonial First State Balanced	AW	
		BT Active Balanced	AK	
	Conservative	Commonwealth Balanced	FB	
		Colonial First State Conservative	AU	
	Defensive	Commonwealth Capital Defensive	FE	
		Commonwealth Savings	FR	
				<b>Total</b>

**Contributions are processed using the deposit price(s) applicable on the day your fully completed request is received at our principal office of administration.**

#### Section 5 - Declaration and acknowledgement

I declare that:

- the information provided on this form is correct.
- investment by me or on my behalf satisfies superannuation law regarding contribution or rollover/transfer eligibility requirements.
- I understand that my contributions will be preserved and that I can cash my benefits only in limited circumstances.

Member's signature

Date



#### Bank staff instructions

Ensure amount to be deposited is for at least \$100

- Complete **Office Use Only** section.
- If contribution is Rollover/Transaction amount, a Rollover Benefit Statement must be attached.
- Any cheques must be drawn in favour of **The Colonial Mutual Life Assurance Society Limited**.
- Same day - forward the form (together with any applicable documentation) to **2380 001, Commonwealth Financial Services, HOMEBUSH NSW in the special Z991 envelope**.

#### Bank use only

Please make sure this Notification is fully completed, dated below and send it today to **2380 001, Commonwealth Financial Services HOMEBUSH NSW** in the special Z991 envelope.

Investment consultancy/branch

Investment consultancy/branch

Adviser telephone number

Date received